

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

Plaintiff,

v.

Defendant.

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Case No. _____

MOTION FOR ADMISSION PRO HAC VICE

I, _____, am a member in good standing of the bar of this Court. I am moving the admission of _____ to appear pro hac vice in this case as counsel for _____.

We certify that:

1. The proposed admittee is not a member of the Maryland bar and does not maintain any law office in Maryland
2. The proposed admittee is a member in good standing of the bars of the following State Courts and/or United States Courts:

State Court & Date of Admission

U.S. Court & Date of Admission

3. During the twelve months immediately preceding this motion, the proposed admittee has been admitted pro hac vice in this Court _____ time(s).
4. The proposed admittee has never been disbarred, suspended, or denied admission to practice law in any jurisdiction. (NOTE: If the proposed admittee has been disbarred, suspended, or denied admission to practice law in any jurisdiction, then he/she must submit a statement fully explaining all relevant facts.)
5. The proposed admittee is familiar with the Maryland Attorneys' Rules of Professional Conduct, the Federal Rules of Civil Procedure, the Federal Rules of Evidence, the Federal Rules of Appellate Procedure, and the Local Rules of this Court, and understands he/she shall be subject to the disciplinary jurisdiction of this Court.

6. The proposed admittee understands admission pro hac vice is for this case only and does not constitute formal admission to the bar of this Court.
7. Either the undersigned movant or _____, is also a member of the bar of this Court in good standing, and will serve as co-counsel in these proceedings.
8. **The \$100.00 fee for admission pro hac vice accompanies this motion.**
9. We hereby certify under penalties of perjury that the foregoing statements are true and correct.

MOVANT

/s/ Jonathan Gleklen

Signature

Printed name and bar number

Office name

Address

Telephone number

Fax Number

Email Address

PROPOSED ADMITTEE

/s/ Monique Boyce

Signature

Printed name

Office name

Address

Telephone number

Fax Number

Email Address